

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Name Data Quality: * _____ Social Security Number: * _____ Birthdate: * _____

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

- Ethnicity: *
- ☐ Hispanic/Latino
 - ☐ Non-Hispanic/Latino
 - ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected

- Race: * (Select All That Apply)
- ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected

- Gender: *
- ☐ Male
 - ☐ Female
 - ☐ Transgender Female to Male
 - ☐ Transgender Male to Female
 - ☐ Doesn't identify as male, female or transgender
 - ☐ Client Doesn't Know
 - ☐ Client Refused

- Sexual Orientation: *
- ☐ Heterosexual
 - ☐ Gay
 - ☐ Lesbian
 - ☐ Bisexual
 - ☐ Questioning/Unsure
 - ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected

- Disabling Condition: *
- ☐ Yes
 - ☐ No
 - ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected

- If Female, Pregnancy Status: *
- ☐ Yes
 - ☐ No
 - ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected

- Relationship to Head of Household: *
- ☐ Self
 - ☐ Son
 - ☐ Daughter
 - ☐ Dependent Child
 - ☐ Spouse
 - ☐ Foster Child
 - ☐ Grandchild
 - ☐ Other Family Member
 - ☐ Other Non-Family Member

Contact Information:

Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Message Phone: _____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:* _____

Case Assignment:* _____

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Housing Status:* *(Based on housing condition just prior to project entry)*

- | | |
|--|---|
| <input type="checkbox"/> Category 1 – Homeless | <input type="checkbox"/> Stably Housed – Rent |
| <input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing | <input type="checkbox"/> Stably Housed – Own |
| <input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Category 4 – Fleeing Domestic Violence | <input type="checkbox"/> Refused |
| <input type="checkbox"/> At Risk of Homelessness | <input type="checkbox"/> Other |

Type of Residence:*

HOMELESS SITUATION

- ☐ Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Safe Haven
- ☐ Interim Housing

INSTITUTIONAL SITUATION

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, Prison or Juvenile Detention Center
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment Facility or Detox Center

TRANSITIONAL AND PERMANENT HOUSING SITUATION

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent Housing for Formerly Homeless Persons (a CoC project; HUD legacy programs; or HOPWA PH)
- ☐ Rental by client, with no ongoing housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Transitional Housing for Homeless Persons (Including Homeless Youth)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Length of stay in the prior living situation:*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Approximate date homelessness started: _____

Regardless of where they stayed last night – number of times the client has been on the streets, in ES, or SH in the past three years including today:*

- ☐ One Time
- ☐ Two Times
- ☐ Three Times
- ☐ Four Times
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Total number of months homeless on the street, in ES, or SH in the past three years:*

- ☐ One month (this time is the first month)
- ☐ 2-12 months
- ☐ More than 12 months
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

☐ Number of months (2-12):* _____

Covered by Health Insurance:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Yes, Type:*

- ☐ Private - COBRA
- ☐ Private – Employer
- ☐ Private – Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- ☐ Military Insurance
- ☐ Other Public
- ☐ State Funded (HIP or HIP 2.0)
- ☐ Indian Health Service (Native American)
- ☐ Other _____

Status:*

- ☐ Active

- ☐ No

☐ Start Date: _____

☐ End Date: _____

- ☐ Applied; decision pending
- ☐ Applied; client not eligible
- ☐ Client did not apply
- ☐ Insurance type N/A for this client
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Basic Care Program (BCP) Status Assessment:*

Date Status Determined: * _____

If No, Reason:

- ☐ Out of Age Range
- ☐ Ward of the State – Immediate Reunification
- ☐ Ward of the Criminal Justice System – Immediate Reunification

Enroll Status:*

- ☐ Yes
- ☐ No

HMIS Barriers Assessment:*

| <u>Barriers:*</u> | <u>Barrier Present?</u> | <u>Receiving Services/Treatment?</u> | <u>Condition Indefinite?</u> | <u>Documentation on File?</u> |
|--------------------------|---|---|---|---|
| Alcohol Abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Developmental Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug Abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HIV/AIDS | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mental Health | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chronic Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Employment:*

Employed:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If No, Why Not Employed:*

- | | |
|---|---|
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Not Looking for Work |
| <input type="checkbox"/> Unable to Work | |

If Yes, Type of Employment:*

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Seasonal/Sporadic (including day labor) | |

Hours Worked In Last Week:*

Employment Tenure:*

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Refused | |

Child Education Assessment:*

Highest Grade Completed:*

- ☐ School program does not have grade levels
- ☐ Less than grade 5
- ☐ Grades 5-6
- ☐ Grades 7-8
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12 Grade, no diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Some college
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Current Enrollment Status:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If Not Enrolled, indicate the reason(s) why below:

- ☐ None
- ☐ Residency Requirements
- ☐ Availability of School Records
- ☐ Birth Certificate
- ☐ Legal Guardianship Requirements
- ☐ Transportation
- ☐ Lack of Available Pre-School Programs
- ☐ Immunization Requirements
- ☐ Physical Examination Records
- ☐ Other
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Attendance Status:*

- | | |
|--|--|
| <input type="checkbox"/> Attending Regularly | <input type="checkbox"/> Attending Irregularly |
| <input type="checkbox"/> Graduated High School | <input type="checkbox"/> Obtained GED |
| <input type="checkbox"/> Dropped Out | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Expelled | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

If Yes, Type of School:*

- | | |
|--|--|
| <input type="checkbox"/> Public School | <input type="checkbox"/> Technical/Career |
| <input type="checkbox"/> Homeschool | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Charter | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Parochial or Other Private School | |

School Name:*

Connected w/McKinney-Vento School Liaison?*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |

If not enrolled, Last Enrollment Date:*

Reason Not Enrolled:*

Health Assessment:*

General Health Status:*

- | | |
|---|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

Dental Health Status:*

- | | |
|---|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

Mental Health Status:*

- | | |
|---|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

If female, pregnancy status:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Referral Source:*

- ☐ Self-Referral
- ☐ Individual: Parent/Guardian
- ☐ Individual: Relative/Friend
- ☐ Individual: Other Adult or Youth
- ☐ Individual: Partner/Spouse
- ☐ Individual: Foster Parent
- ☐ Outreach Project: FYSB
- ☐ Outreach Project: Other
- ☐ Temporary Shelter: FYSB Basic Center Project
- ☐ Temporary Shelter: Other Youth Only Emergency Shelter
- ☐ Temporary Shelter: Emergency Shelter for Families
- ☐ Temporary Shelter: Emergency Shelter for Individuals
- ☐ Temporary Shelter: Domestic Violence Shelter
- ☐ Temporary Shelter: Safe Place
- ☐ Temporary Shelter: Other
- ☐ Temporary Shelter: FYSB Transitional Living Project
- ☐ Temporary Shelter: Other Transitional Living Project
- ☐ Temporary Shelter: Group Home
- ☐ Residential Project: Independent Living Project
- ☐ Residential Project: Job Corps
- ☐ Residential Project: Drug Treatment Center
- ☐ Residential Project: Treatment Center
- ☐ Residential Project: Educational Institute
- ☐ Residential Project: Other Agency Project
- ☐ Residential Project: Other Project
- ☐ Hotline: National Runaway Switchboard
- ☐ Hotline: Other
- ☐ Other Agency: Child Welfare/CPS
- ☐ Other Agency: Non-Residential Independent Living Project
- ☐ Other Project Operated by Your Agency
- ☐ Other Youth Services Agency
- ☐ Juvenile Justice

- ☐ Law Enforcement/Police
- ☐ Religious Organization
- ☐ Mental Hospital
- ☐ School
- ☐ Other Organization
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ever Received Anything In Exchange For Sex?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

In the Past 3 Months:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

How Many Times:*

- | | |
|---|--|
| <input type="checkbox"/> 1-3 times | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 4-7 times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> 8-11 times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 12 or more times | |

Ever made/persuaded to have sex in exchange for something?:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If Yes, In the Last Three Months:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Ever afraid to quit/leave work due to threats of violence to yourself, family or friends:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

Ever promised work where work or payment different than you expected:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

Felt forced, pressured or tricked into continuing the job:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

If Yes, In the Last Three Months:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

Critical Issue:

- ☐ Household Dynamics
- ☐ Sexual Orientation/Gender Identity-Youth
- ☐ Sexual Orientation/Gender Identity-Family Member
- ☐ Housing Issues-Youth
- ☐ Housing Issues-Family Member
- ☐ School or Educational Issues-Youth
- ☐ School or Education Issues-Adult
- ☐ Unemployment-Youth
- ☐ Unemployment-Family Member
- ☐ Mental Health Issues-Youth
- ☐ Mental Health Issues-Family Member
- ☐ Health Issues-Youth
- ☐ Health Issues-Family Member
- ☐ Physical Disability-Youth
- ☐ Physical Disability-Family Member
- ☐ Mental Disability-Youth
- ☐ Mental Disability-Family Member
- ☐ Abuse and Neglect-Youth
- ☐ Abuse and Neglect-Family Member
- ☐ Alcohol or Other Drug Abuse-Youth
- ☐ Alcohol or Other Drug Abuse-Family Member
- ☐ Insufficient Income to Support Youth-Family Member
- ☐ Active Military Parent-Family Member
- ☐ Incarcerated Parent of Youth
 - ☐ One Parent/Legal Guardian is Incarcerated
 - ☐ Both Parents/Legal Guardians are Incarcerated
 - ☐ The Only Parent/Legal Guardian is Incarcerated

Formerly Ward Of:*

- ☐ Child Welfare/Foster Care Agency
 - ☐ Yes
 - ☐ No
 - ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected

If Ward of Child Welfare/Foster Care, Number of Years:

- ☐ Less Than One Year
 - ☐ Number of Months (1-11): _____
 - ☐ 1 to 2 Years
 - ☐ 3 to 5 Years

- ☐ Juvenile Justice System

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Ward of Juvenile Justice System, Number of Years:

- ☐ Less Than One Year
 - ☐ Number of Months (1-11): _____
 - ☐ 1 to 2 Years
 - ☐ 3 to 5 Years

Other helpful resources at www.IndianaBOS.org.